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CONFIRMATION NO. 7845

Bib Data Sheet

SERIAL NUMBER 09/693,137	FILING DATE 10/20/2000 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. A33367- 072797.0130
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APPLICANTS

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 ** CONTINUING DATA *None m* *****

 ** FOREIGN APPLICATIONS *None m* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/18/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

ADDRESS

 21003
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TITLE

Dual mode wireless data communications

FILING FEE RECEIVED 1012	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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